



**TOWN OF LOS GATOS**  
**PARKS & PUBLIC WORKS DEPARTMENT**  
**ENGINEERING DIVISION**  
**PHONE (408) 399-5771**  
**FAX (408) 399-5763**

SERVICE CENTER  
41 MILES AVENUE  
P.O. Box 949  
LOS GATOS, CA 95031

**TRACT MAP CHECKING APPLICATION**

Tract No.: \_\_\_\_\_ Address: \_\_\_\_\_ A.P.N.: \_\_\_\_\_  
Description of Improvements: \_\_\_\_\_ No. of Lots: \_\_\_\_\_  
Owner/Developer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. Licensed Surveyor responsible for preparing map:

Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Reg. Exp. Date: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Civil engineer responsible for preparing public improvement plans:

Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Reg. Exp. Date: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Soils engineer and/or geotechnical engineer responsible for inspections at the site:

Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Reg. Exp. Date: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. General Contractor in charge of work at the site (if known):

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Firm: \_\_\_\_\_ Town Business License No: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**THE ITEMS LISTED BELOW MUST BE SUBMITTED WITH THIS APPLICATION, AS APPLICABLE:**

Tract Map (2 Sets)	Improvement Plans (2 Sets)	Copies of all maps referenced
Closure Calculations	Soils Report (1 copy)	Drainage/Hydraulic Calculations
Itemized Cost Estimate	Title Report, if required	SWPPP, if required
Map Check Fee \$ _____	Plan Check Fee \$ _____	Other: _____

**SIGNATURE OF APPLICANT:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_